

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031409

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

042

Primary Registration District No.

5124

Registrar's No.

1011

FILED AUG 25 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bloomington Township

Length of stay in 1b
6 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rural Route, De Kalb

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY OR TOWN

St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
223 Ohio St.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Rera

Middle D

Last Lawson

4. DATE OF DEATH

Month August

Day 20

Year 1963

5. SEX

Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
Dec. 16, 1875

9. AGE (last birthday)
87

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Buchanan County Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Dix

13b. MOTHER'S MAIDEN NAME

Martha Simmons

14. NAME OF HUSBAND OR WIFE

Charles Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Lavern Lawson

De Kalb, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis gen

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Inf. Vena Thrombosis - 1 year -

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 31, 1956, to Aug 1963 and last saw her alive on May 24, 1963. Death occurred at 11:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

J.L. Mothershead

2603 Fredonia

8-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Burial Aug. 23, 1963

Sugar Creek Cemetery

Bushville, Mo.

25. DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

Clark Funeral Home St. Joseph, Mo. Aug 21, 1963

Mrs. Clark Goodell

Dr. Mothershead

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul F. Clark

Licensed Embalmer No. 5024

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 8-21-63
2112
- 8
0 4
0-38